CHAPTER 2

LITERATURE REVIEW

In this study, a number of related articles and studies have been reviewed. Related information was grouped as follows:

1. Ethical dilemma

    1.1 Definition of ethical dilemma

    1.2 Ethical dilemmas in clinical practice

2. Resolutions of ethical dilemmas

    2.1 Theoretical bases for ethical decisions

    2.1.1   Ethical theories

    2.1.2   Ethical principles

    2.1.3   Ethical concepts for nursing practice

    2.1.4   Nurses' code of ethics

    2.2 Strategies to resolve ethical dilemmas

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    2.2.2   Discussing and consulting with others

    2.2.3   Emotional coping strategies

3. Ethics teaching in nursing education

1. Ethical Dilemma

Ethical dilemma is frequently faced by health providers including nursing students in clinical practice. The general public, policy makers, and health care professionals are now aware of the dilemmas (Dinc & Gorgulu, 2002). Hooft (1990) stated that the moral and ethical dilemmas arising in these situations are well known and widely discussed even if clear guidelines are not so apparent. Moral distress is a nearly universal phenomenon in the everyday ethics arena that has received too little attention (Hamric, 2000).

According to Aroskar (1993, p.130), " Dealing with situations of incompetent, unethical, or illegal practice in patient care is troublesome for nursing students." Most of nurses perceived themselves as fairly powerless to deal with ethical dilemmas that produced painful feeling such as experienced guilt, anger, frustration and anxiety (Hamric, 2000; Post, 1996; Smith, 1996). Post (1996) described facing ethical dilemmas in critical incident as seeming to lack an acceptable solution.

1.1 Definition of ethical dilemma

A dilemma is a situation where one is forced to choose one of two equally unsatisfactory options (Han & Ahn, 2000). Cignacco (2002) stated that an ethical dilemma involves two or more ethical principles that are incompatible. When choosing a course of action in line with one principle, it necessarily goes against another principle.

According to Davis, Aroskar, Liaschencko, and Drought (1997, p.7), a dilemma is defined as a difficult problem seemingly incapable of a satisfactory solution or a situation

involving choice between equally unsatisfactory alternatives. Ethical dilemmas are situations involving conflicting moral claims and giving rise to such question as "What is the right thing to do? " "What is the benefit and harm resulting from this decision or action?"

Beauchamp and Childress (2001) stated that ethical dilemmas are circumstances in which moral obligation demands or appear to demand that a person adopt each of two or more alternative actions, yet the person cannot perform all the required alternatives. These dilemmas occur in at least two forms: (1) some evidence or argument indicates that an act is morally right, and some evidence or argument indicates that it is morally wrong, but the evidence or strength of argument on both sides is inconclusive. (2) an agent believes that, on moral grounds, he or she is obligated to perform two or more mutually exclusive actions.

In conclusion, an ethical dilemma is a difficult situation between equal alternatives that have conflicting moral principles. A dilemma exists when a difficult problem seems to have no solution because all solutions to a problem appear to be equally favorable.

1.2 Ethical dilemmas in clinical practice

Ethical dilemmas are inherent in nursing practice and are influenced by the changing health care system, advancing technology, and the changing scope of advanced nursing (Cassells & Redmann, 1989; McDaniel, 1998; Shake-Katefian Phancharoenworakul, & Yunibhand, 2001). There are ethical dilemmas faced by nursing

students, such as issues of informed consent, issues in regard to initiating resuscitation, moral dilemmas in caring for patients with poor prognosis, evaluation of patients' level of competency to make own decisions, patient refusing treatment, issues regarding withholding information from patients, and allocation of scarce resources (Cassells & Redman, 1989), patients' rights, a person's dignity, medical confidentiality, telling the truth, and nurses as advocates (Tabak & Reches, 1996). Similarly, a study regarding teaching ethics in nursing by Dinc and Gorgulu (2002) at Hacettepe University School of Nursing, Turkey, showed that students confronted with issues related to initiating resuscitation, discontinuing life-saving treatment, or patient refusing treatment in clinical practice.

In addition, the finding of a study about the development of ethical dilemmas and resolutions of ethical dilemma scales in nursing practice found that the five factors of the ethical dilemmas scale were: (1) lack of cooperation to maintain standard of care, (2) neglect of patient and family involvement and self determination, (3) withholding the truth, maintaining confidentiality, (4) professional obligations and duty for self, and (5) prolonging life vs. ending life (Chaowalit, Suttharangsee, & Inthanont, 2001).

Similarly, a study of Chaowalit, Hatthakit, Suttharangsee, Nasae, & Parker (2002) regarding exploring ethical dilemmas and resolutions in nursing practice, showed that eight major ethical dilemmas in nursing practice included (1) balancing professional obligations vs. protecting self from harm, (2) prolonging life vs. prolonging dying, (3) maintaining patient confidentiality vs. warning others, (4) intradisciplinary and interdisciplinary conflicts, (5) truth telling vs. benevolent lying and withholding

information, (6) end of life issues, and (7) discrimination vs. obligation to provide care equally.

Another study regarding ethical problems in nursing practice experienced by nursing students in Southern Thailand conducted by Chaowalit, Suttharangsee, and Takviriyanun (1999) showed seven themes of ethical problems including (1) protecting patient rights vs. lack of self autonomy, (2) values conflicts in professional roles, (3) professional obligations/respect of authority vs. duty for self, (4) truth telling vs. withholding the truth, (5) maintaining patients' confidentiality vs. protecting others from harm, (6) prolonging life vs. prolonging suffering, and (7) lack of cooperation/relationship.

From the previous studies, the ethical dilemmas of nursing students in clinical practice include: (1) professional obligations vs. protecting self from harm, (2) maintaining patient confidentiality vs. warning others from harm, (3) truth telling vs. withholding the truth, (4) advocating for patients vs. lacking authority, (5) values conflicts in professional roles, and (6) prolonging life vs. ending life decisions (Chaowalit, Suttharangsee, & Takviriyanun, 1999; Chaowalit, Suttharangsee, & Inthanont, 2001; Chaowalit, Hatthakit, Suttharangsee, Nasae, & Parker, 2002).

1.2.1 Professional obligations vs. protecting self from harm

Ethical dilemmas relating to conflicts between professional obligations vs. protecting self from harm frequently arise in nursing practice. Ideas of duties, rights, and responsibilities are frequently applied in all aspects of living (Beauchamp & Childress,

2001; Catalano, 2003; Graham & Rumbold, 1986). Catalano (2003) described an obligation as signifying being required to do something by virtue of a moral rule, duty or some other binding demands in order to balance patients' rights, the professional duties of nurses, and individual's rights.

Difficult conflicts of professional obligation and duty to oneself are often presented when nurses and nursing students are required to work in conditions that are harmful for them (Burkhardt & Nathaniel, 2001; Catalano, 2003). Lack of resources such as limited equipment, unsafe environments, the unavailability of or inappropriate protective clothing, are all risks for nursing staff when caring for patients with highly contagious diseases (Corley, 2002). Nurses have to balance the risk to their own health against the risks to their patients (Corley, 2002; Graham & Rumbold, 1986; Reeder, 1989).

Similarly, the finding of the study by Han and Ahn (2000) found that nursing students had to confront dilemmas that pose a risk to nurses such as nursing action deviating from principles, not carrying out aseptic techniques correctly, and insufficient nursing staff. However, a nurse perform a below standard of care and confronts emotional risk when the nurse is assigned care for a patient with personal attributes that evokes serious emotional pain for nurse (Bandman & Bandman, 2002; Fowler, 1998; Graham & Rumbold, 1986; Pang et al., 2003).

In summary, professional obligations vs. protecting self from harm occurs in clinical practice. The professional obligations are to do good for a patient, however health team including nursing students sometimes had at some risks.

1.2.2 Maintaining patient confidentiality vs. warning others from harm

Confidentiality is a perennial core value in nursing and is one of the fundamental principles of medical and nursing ethics (Beauchamp & Childress, 2001; Snider & Hood, 2001; Tabak & Reches, 1996). Confidentiality is the ethical principle that requires non-disclosure of private or secret information with which one is entrusted and benefit also in maintaining the relationship between patient and nurse (Burkhardt & Nathaniel, 2001; Tabak & Reches, 1996).

According to Cassells and Redman's study (1989), preparing students to be moral agents in clinical practice is needed because as a nurse, they will play an instrumental role in ensuring patient data is kept confidential. Every nurse's code of ethics emphasizes that nurses have an obligation to protect and use information received from the patient appropriately. Also, maintaining confidentiality and privacy as a principle or standard of health care practitioner's duty is to protect the patient from undesirable interactions (Botes & Otto, 2003; Davis, Aroskar, Liaschencko, & Drought, 1997).

However, confidentiality has never been an absolute (Elder, Prince, & William, 2003; Snider & Hood, 2001). Snider and Hood (2001) suggested two arguments justify breaking of confidentiality. Firstly, the harm principle asserts that persons may not withhold information that would protect innocent third parties from undue and unwarranted harm. For instance, mandatory premarital for syphilis is to prevent the spread of a serious communicable disease. Secondly, the vulnerability principle suggests that there is a greater duty to protect a vulnerable third party where the party is less able

than usual to protect him or herself from harm. For example, the nurse has duty to report child abuse.

The health care practitioner has the right to break confidentiality in some circumstances, such as informing third parties of clear and imminent danger, preventing danger to the individual, or when public interests outweigh the interests of the individual (Beauchamp & Childress, 2001; Purtillo, 1999). Breaking confidentiality always entails the risk of creating distrust in the health professional-patient relationship and confronting confidentiality as an area fraught with problems for the nursing profession (Gulley, 1999).

In conclusion, ethical dilemmas regarding maintaining patient confidentiality vs. warning others from harm encountered in clinical practice when confidentiality or privacy as a principle or standard of health care practitioner's duty is to protect the patient from undesirable interactions against the greater duty to protect third parties.

1.2.3 Truth telling vs. withholding the truth

Burkhardt and Nathaniel (2001) view that truth telling goes beyond disclosure for the purpose of assisting the patient in making treatment decisions and includes the broader notion of the accurate and honest communication of information. Fry and Johnstone (2002, p. 24) stated, "The principles of veracity are defined as the obligation to tell the truth and not to lie or deceive others." Truth telling fosters trust in the nursing profession and rests on the respect owed to the patients as people (Beauchamp & Childress, 2001; Husted & Husted, 2001).

Withholding bad news is considered a beneficent act for the patient when disclosure of information could do harm to the patient (Burkhardt & Nathaniel, 2001; Fry & Johnstone, 2002). Surakul (2000) found that common negative impacts of truth telling were: (1) inability to eat/sleep, (2) fear, (3) stress, and (4) worry about recovery. This situation renders the patient unable to participate in decisions or to exercise their right to choose, which inevitably affects the quality of care (Hu, Chiu, Chuang, & Chen, 2002; Sukmak, 2001). Miyaji's study (1993) found that truth telling was supported by five basic normative principles: respect the truth, patients right, doctors' duty to inform, preserve hope, and individual contract between patients and doctors.

Ethical dilemmas regarding truth telling vs. withholding the truth influence the feeling of disturbance for health care providers. Sukmak's study (2001), which focused on nurses' attitudes towards withholding the diagnostic truth in caring for cancer patients, stated that withholding a patient's condition might experience greater anxiety and depression for nurses. Health care providers often avoid exploring patients' feelings because they fear that telling the truth will provoke too much emotion, which could be harmful to the patient (Georgaki, Kalaidopoulou, Liarmakopoulos, & Mystakidou, 2002).

In summary, the ethical problem inherent in truth telling is trying to decide what the truth is and when it should be disclosed. Many health professionals have believed that the way they can benefit patients or protect them from harm is to withhold the truth or to tell an outright lie (Veatch & Fry, 1987).

1.2.4 Advocating for patients vs. lacking authority

In the new Penguin English Dictionary (1978 cited by Hyland (2002), advocate is derived from the latin "advocatus," meaning "one summoned" or "called in" to plead the cause of another before a tribunal or court. According to the Oxford English Dictionary, an advocate is "a person who supports to defend or speak in favour of somebody or of a public plan or action" (Hornby, 2000, p.12).

A nurse is in the best position in the health care team to act as an advocate for patients, as nurses have the knowledge to advocate and nurses and patients can be partners in advocacy (Mallik, 1997; Milton, 2000; Snowball, 1996). The nursing profession has invested authority in the patient advocacy role world-wide that has been linked with concepts of morality, ethics, autonomy, and patient empowerment to emphasize respect for persons, their dignity, individuality, and worth, and they must enquire into any harm to human beings (Dinc & Gorgulu, 2003; Hewitt, 2002; Mallik & McHale, 1995; Tabak and Reches, 1996; Snowball, 1996).

However, the authority of nursing students is often covert or hidden because of a variety of reasons such as low staffing levels, inadequately trained staff, and ineffective information (Aroskar, 1993; Kelly, 1993). So, they follow the authority of their superiors including seniors, nurses and teachers (Hyland, 2002). They may perceive that they do not have the power necessary to take action in conflicting situations, especially in their understanding of justice and often caught in the middle of ethical conflicts under a bureaucratic hierarchy (Aroskar, 1993; Gaul, 1987; Hewitt, 2002; Kelly, 1993; Tschudin & Smith, 2003). There is still significant evidence that nurses are

themselves an oppressed group and lack of authority (Georges & Grypdonck, 2002; Hyland, 2002).

In summary, advocating for patients vs. lacking authority is an ethical dilemma in nursing when nurses or nursing students consider the basic human values of patients and act to protect human's dignity for incompetent patients, while as professional health care providers, they are lacking in authority.

1.2.5 Values conflicts in professional roles

Values are ideals and beliefs that an individual or group upholds. Individuals think, feel, make choices and act from within well-known values, which are a person's own moral judgment about morality (Altun, 2002; Cignacco, 2002). Values conflicts occur when people must choose between two things, both of which are important to emphasize respect for person, patients' dignity, and individuality (Ellis & Hartley, 2001; Post, 1996). Hendel and Steinman (2002, p.651) stated, "Values conflicts derive from differences in ideological and or philosophical outlooks." A value conflict refers to internal or interpersonal conflict that arises when moral values have been violated in some situation in which personal values are odds with those of patients, colleagues, or the institution (Bailey, 2002; Burkhardt & Nathaniel, 2002).

In some ethical dilemmas, nurses' professional duties might conflict with their personal value that might impact on the working individual to be frustration, dissatisfaction, anger, and ongoing confrontation with other values such as differences in values between doctor's and nurse' values, a communication gap with the patient, nurses'

feelings of powerlessness, and doctors' authority (Davis, Aroskar, Liaschencko, & Drought, 1997; Elder, Price, & Williams, 2003; Omery, 1989 cited by Hendel & steinman, 2002). Therefore, the nurse feels frustrations, disappointment, and powerlessness because of interpersonal conflicts about values and the professional goals of nurses are thus blocked (Corley, 2002; Kelly, 1993).

In summary, values conflicts in professional roles occur when individual nurse's values of doing good to the patient might conflict with one another and professional duties.

1.2.6 Prolonging life vs. ending life decisions

Health professionals are often confronted with the issue of decisions relating to prolonging life vs. ending life (Musgrave, Margalith, & Goldsmidt, 2001; Volker, 2001). Technological advances in health care have made it possible to restore/prolong life for patients who would have died in the past (Jones & Fitz-Gerald, 1998). Unfortunately, some patients depend on the available technologies but with no hope of recovery (Edward, 1995; Kjervik, 1991; Sensky, 2002).

Decisions relating to the prolonging of or ending of life lead to difficult choices among patients, families and health providers who become involved in ethical dilemmas (Brinchmann, Forde, & Nortvedt, 2002; Ferrel et al., 2000). The nurse should maintain life, but the nurse should be aware of the physical and emotional suffering that patients face, reduce suffering, respect the patient's autonomy and right of choice (Baggs & Schmitt, 2000; Jones & FitzGerald, 1998). Ethical dilemmas arise when nursing

students are aware to respect patients' life against some circumstances, such as dying patient, euthanasia, human experimentation, abortion, and active treatment of a patient with poor prognosis (Han & Ahn , 2000).

A study regarding nursing perspectives on end of life care conducted by Ferrel et al. (2000) found that end of life care dilemmas are common in nursing practice, such as using of advance therapies, preserving patient choice, discontinuing life sustaining therapies, and withholding medically provided nutrition and the nurse confronts a serious legal and ethical dilemmas. Another study by Baggs and Schmitt (2000) reported that ICU nurses were not involved in level of treatment decisions for their patients and were frustrated about their limited role in withholding and are confused to withdrawing treatment.

In summary, health care providers including nursing students confront ethical dilemmas regarding prolonging life vs. ending life decisions when they should maintain the patient's life, while they are obligated to reduce suffering and respect the patient's autonomy.

2. Resolutions of ethical dilemmas

2.1 Theoretical bases for ethical decisions

Resolutions of ethical dilemmas are several strategies to resolve ethical dilemmas in clinical practice (Smith, 1996). To make sensible ethical decision is based on an understanding of underlying ethical theories, ethical principles, ethical concepts for nursing practice and the nursing profession's code of ethics.

2.1.1 Ethical theories￾

Ethics is the systematic investigation of questions about right or wrong and of what ought to be (Catalano, 2003). Ethical theories are the major theories central to medicine, nursing and bioethics (Burkardt & Nathaniel, 2002). Ethical theories provide fundamental guidance for finding the moral questions. There are two fundamental ethical theories, including:

2.1.1.1 Utilitarianism

Utilitarianism is an ethical system based on the utility principle (Beauchamp & Childress, 2001; Burkhardt & Nathaniel, 2003). According to Beauchamp and Walters (1994), essential features of utilitarianism must be satisfied in order to qualify as a utilitarian theory: (1) the principle of utility: maximize the good. Actors are obliged to maximize the good, (2) a theory of value: the standard of goodness. According to Catalano (1992, p. 160), as a system of normative ethics, utilitarianism defines "good" as happiness or pleasure. With "act utilitarianism," the individual's situation determines whether a particular act is right or wrong. With "rule utilitarianism", the individual's past experiences are used to determine the greatest good.

2.1.1.2 Deontology

Catalano (1992, p.161) described, "Deontology as a system of ethical decision making is based on moral rules and unchanging principles." "Act deontology" is based upon the personal moral values of the individual making the ethical decision and not hard and fast, unchanging principles. Rule deontology is based upon the belief that there are standards for ethical choices and judgments that an individual makes.

Deontology theory tries to establish the ultimate basis for the validity of moral rules in pure reason, not in intuition, conscience, or utility.

2.1.2 Ethical principles

Ethical principles are guides to moral decision-making and moral actions are centered to the formation of moral judgments in professional practice (Beauchamp & Childress, 2001; Fry & Johnstone, 2002). Principle-based ethics is a systematic method of resolving ethical problems that involves reflection on general principles such as beneficence, justice, autonomy, veracity, and fidelity (Beauchamp & Childress, 2001; Davis, Aroskar, Liaschencko, & Drought, 1997; Fry & Johstone, 2002; Haddad, 1998). The major ethical principles can be described as follows:

2.1.2.1 Autonomy

According to Beauchamp and Childress (2001), the word autonomy, derived from the Greek *autos* ("self") and nomos ("rule, governance, or law"), originally referred to the self-rule or self-governance of independent city-states. Autonomy has since been extended to individuals and has acquired meanings as diverse as self-governance, privacy rights, individual choice, freedom of the will, causing one's own behavior, and being one's own person (Thompson, Melia, & Boyd, 1983).

The term autonomy, the four basic elements autonomy as denoting having the freedom: (1) the autonomous person is respected; (2) the autonomous person must be able to determine personal goal, (3) the autonomous person has the capacity to

decide on a plan of action, (4) the autonomous person has the freedom to act upon the choices (Burkhardt & Nathaniel, 2002).

2.1.2.2 Non-maleficence

The principle of non-maleficence asserts an obligation not to inflict harm on others (Beauchamp & Childress, 2001). Also, nonmaleficence is "a stringent principle in health care ethics because often overriding other principles" (Fowler, 1989). Typical examples include (1) do not kill (2) do not cause pain or suffering (3) do not incapacitate (4) do not cause offense, and (5) do not deprive others of the goods of life (Beauchamp & Childress, 2001). Non-maleficence is the requirement that health care providers do no harm to their clients who cannot protect themselves such as children, the mentally incompetent, the unconscious, and those who are too weak or debilitated to protect themselves (Beauchamp & Childress, 2001; Catalono, 2003; Greipp, 1992; Husted & Husted, 2001; Taylor, 1999).

2.1.2.3 Beneficence

Beneficence is a principle of obligation that helps benefit and avoids harm, especially to patients undergoing nursing intervention (Beauchamp & Childress, 2001; Fry & Johnstone, 2002). According to Fry (1994), beneficence means helping others gain what is beneficial to them (that which promotes well-being), and reduces risk of harm (that which could cause physical and psychological injury) to patients. However, the difficulty in implementing the principle of beneficence is in determining what exactly is good for another and who can best make the decision about this good (Catalano, 1996).

2.1.2.4 Justice

Justice is the ethical principle, which directs the nurse to respect clients' rights and to seek fair treatment (Greipp, 1992). Common to all theories of justice is a minimal formal requirement traditionally attributed to Aristotle: equals must be treated equally, and unequal must be treated unequally (Beauchamp & Childress, 2001).

This principle of formal justice is formal because it identifies no particular respects in which equals ought to be treated equally and provides no criteria for determining whether two or more individuals are in fact equal. It asserts that whatever respects are relevant; persons equal in those respects should be treated equally.

2.1.2.5 Veracity

Veracity is the principle of truthfulness, and is widely viewed as foundational to ethics (Beauchamp & Childress, 2001). Catalano (2003) described veracity as requiring the health care provider to tell the truth and not to deceive or mislead clients intentionally. The ethics of information disclosure often focus on the bad news and the conflicts arise when concerning ethical principles such as, patient autonomy, beneficence, respect for persons, doing good and preventing harm (Catalano, 2003). Individuals have a right to be told the truth and to not be lied to or deceived. However, in some cases, the patient is presumed to have a right not to know (Catalano, 2003; Fry, 1994; Taylor, 1999).

2.1.2.6 Fidelity

Burkhardt and Nathaniel (2002, p.59) stated that "ethical principle of fidelity is often related to the concept of faithfulness and the practice of keeping

promises." Fidelity refers to obligations of trust implicit in a relationship between patient and nurse, such as keeping promises and maintaining confidentiality (Catalano, 2003; Fry, 1994; Pinch, 2000). According to Fry (1994), keeping confidences is morally acceptable. While there may be good moral reasons to break promises to provide benefit to others, following the rule of not breaking confidences may be more ethical than merely providing the benefit.

2.1.3 Ethical concepts for nursing practice

Ethical concepts provide the foundation for ethical decision-making. The ethical concepts for nursing are as follows:

2.1.3.1 Advocacy

Advocacy requests the nurse to maintain basic human rights for the patient who cannot speak for him or herself and strong emphasis on patient's autonomy that are important in shaping the practice of in health care (Fry 1994; Hyland, 2002; Milton, 2000 & Snowball, 1996). Smith and Godfrey (2002) stated advocacy indicates the principle of empowering others, or if necessary, looking after and/or intervening on behalf of patients' interests.

According to the perspective of human advocacy, the nurse advocate is expected to ensure that (1) patients have enough information to exercise autonomy, (2) their legal and moral rights, and (3) health resources allow appropriate quality and quantity of care (Hyland, 2002).

2.1.3.2 Accountability and responsibility

Accountability emphasizes the nursing action by answerability and responsibility. Providing nursing care will be legally accountable through licensing. Burkhardt and Nathaniel (2002, p.145) stated according to the American Nurses Association (1985) that "accountability refers to being answerable to someone for something one has done." Obviously, accountability is a concept central to professional nursing practice, a concept from which important values are derived and principles formulated. In the ICN code for nurses, the responsibility of the nurse is to promote health, prevent illness, restore health, and alleviate suffering (ICN, 1973 cited by Fry, 1994).

2.1.3.3 Cooperation

Cooperation is a concept that consists of active participation with others to obtain quality care for patients, and collaboration in designing approaches to nursing care and professional collaboration means a great deal more than able to work as a team (Fry, 1994; Haddad, 1998). The idea of cooperation is from the basis of Nightingale's idea of human' combination' for maintaining and straightening of nursing (Fry & Johnstone, 2002). Also, cooperation is an altruistic concept because it expresses the human bonds that grow and work together toward a common goal (Beauchamp & Childress, 2001; Commons & Baldwin, 1996; Fry & Johnstone, 2002).

2.1.3.4 Caring

Fry (1994) describes that caring is the value in patient-nurse relationship and caring behaviors by considered the fundamental to nursing role. There

are several aspects to care: (1) caring is a natural state of human existence, shared by every human being, (2) caring is often a precondition of or an antecedent to caring about other entities. One must have experience with caring before caring for something or someone else. (3) one aspect of caring identifies it with moral or social ideas such as the human need to be protected from the elements or the need for love (Fry & Johnstone, 2002).

In summary, the content of theoretical bases for ethical decisions in clinical practice provide the fundamental concepts to guide nursing students and health providers for ethical nursing actions and judgments.

2.1.4 Nurses' Code of Ethics

A code of ethics for nursing is an explicit declaration of the primary goals and values of the profession that indicates the profession's acceptance of the responsibility and trust with which it has been invested by society (ANA, 1995 cited by Fry & Johnstone, 2002).

In Indonesia, a significant number of national nurses' association throughout the national conferences has developed a nurses' code of ethics. The Indonesian Nursing Code of Ethics for nurses (Indonesian Nurses Association, 2000).

Nurses and Clients

1. The nurse provides the quality of care based on human dignity, uniqueness of client, and unrestricted by considerations of nationality, race, age, sex, political status, religion, and socioeconomic status.

2. The nurse provides quality of care and maintains the atmosphere of caring, with respect for cultural values, customs, and religion of the client.

3. The nurse assumes major responsibility for the individual who needs nursing care.

4. The nurse keeps confidential all information of client, except as needed by an authorized party and in concordance with the law.

Nurses and Practice

1. The nurse enhances competence of nursing to provide quality of care through continual learning.

2. The nurse maintains a highest standard of nursing with professional truthfulness in applying nursing knowledge and skills accordance to client's needs.

3. The nurse bases it upon adequate information, the capability, and qualifications of the individual when doing consultation, receiving delegation and giving delegation to others.

4. The nurse maintains the integrity of nursing professional through professional conduct.

Nurses and Society

1. The nurse encourages the citizens to initiate and support actions for the health care demands of the public.

Nurses and Co-worker

1. The nurse maintains cooperation and collaboration with other nurses and other health team members in working environment to meet the goal of health care.

2. The nurse protects clients' rights from incompetent, unethical, or illegal health care conducted by others.

Nurses and Nursing Profession

1. The nurse has a major role in improving standards of nursing practice and education.

2. The nurse should be knowledgeable to active participation in developing a core of nursing profession.

3. The nurse participates to enhance conductive working conditions to achieve quality of nursing care.

In conclusion, nurses' code of ethics provides the moral guidelines to foster and maintain ethical standards of nursing practice. Nurses' code of ethics sets the parameters of acceptable nursing practice for profession and public domain.

2.2 Strategies to resolve ethical dilemmas

Many studies have shown the strategies of resolutions of ethical dilemmas that nurses and nursing students use to resolve ethical dilemmas in nursing practice. The growing awareness of ethical dilemmas in nursing practice requires various strategies for resolutions of ethical dilemmas.

A study regarding ethical problems in nursing practice experienced by nursing students in Southern Thailand conducted by Chaowalit, Suttharangsee, and Takviriyanun. (1999) found that five themes of ethical problems' resolutions were expressing feelings, discussing with others, taking moral actions, unconditional accepting, and positive thinking. Chaowalit, Suttharangsee, and Inthanont (2001) studied regarding development of ethical dilemmas and resolution of ethical dilemmas scales in nursing practice. They found the two factors of the resolution of the ethical dilemmas scale including doing for patients and comforting self, and talking and discussing. In addition, another study regarding exploring ethical dilemmas and resolutions in nursing practice in Southern Thailand found five themes: (1) taking moral actions, (2) acceptance, (3) expressing feelings, (4) discussing others, and (5) ethical problem-solving strategies (Chaowalit, Hatthakit, Suttharangsee, Nasae, & Parker, 2002).

Considering the commonality resolutions of ethical dilemmas in the previous studies, the common resolutions of ethical dilemmas include taking moral actions, discussing and consulting with others, and using emotional coping strategies.

2.2.1 Taking moral actions

Taking moral actions is a strategy for dealing with dilemmas that is based on expected outcome of the best actions to ensure quality of care for the patient (Chaowalit Hatthakit, Suttharangsee, Nasae, & Parker, 2002; Hendel & Steinman, 2002). Fry and Johnstone (2002, p.174) stated "moral action may be defined as some process that someone does in order to achieve a desirable moral outcome." Publications concerning

ethical reasoning, moral responsibility, moral choice, and sensitivity in day-to-day clinical practice may be expected that nurses have become more sensitive of their own role as moral agents in clinical practice to an emphasis on action ethics, with the focus on treatment and considerations of justice (Aiken & Catalano, 1996; Lutzen, Cronqvist, magnusson, & Anderson, 2003; Nordam, Sorlie, & Forde, 2003).

According to Fry and Johnstone (2002), in order to be able to use moral initiative and taking moral actions, nurses should: (1) identify correctly the most pertinent issues, (2) recognize the implications of these issues for nursing profession, and (3) develop strategies for responding appropriately and effectively to these issues. They also suggest the overall aim for resolutions as follows: (1) the promotion of human well-being and welfare, (2) balancing the needs and significant moral interest of different people, and (3) making reliable judgments. Therefore, health care providers should consider bioethical principle of beneficence, prevent harm, remove harm (Beauchamp & Childress, 2002) and promote the well being of the patient by knowing with help of knowledge, feeling with help of values, and by doing with help of skill (Altun, 2003).

In conclusion, taking moral actions is a process of action by identifying and applying moral rules, principles, and theories in order to achieve moral outcomes. By taking moral actions, health providers including nursing students can engage the moral interests of the patients.

2.2.2 Discussing and consulting with others

Discussing and consulting with others is an interactional process that occurs between professionals, the consultant and consultee who requests assistance to solve a problem (Hamric & Spross, 1989 cited by Berragan, 1998). Nurses who confronted with such dilemmas should consult relevant legislation and professional standards of practice for additional guidance (Murphy, 1984; Paternelj-Taylor, 2003).

According to Paternelj-Taylor (2003), discussing and consulting the dilemmas with others serves two purposes. First, it provides for diversity of opinion, some of which may not have been considered. Second, discussing and consulting with others shows a respected friend or relative, or someone in a position to do something about the dilemma.

Gastmans's study (2002) regarding a fundamental ethical approach to nursing stated that 'ethics rounds' and 'ethics committees' are the most important channels through which intra and interdisciplinary ethics consultations. Regarding discussing and consulting with others, Doane (2002) stated that the nurses' identities emerged through layers of negotiation with self, with others, and within the context of social organization. Nurses have to access supports from other nurses, clinical nurse specialists, social workers, spouses/significant others in addressing ethical dilemmas (Adam, 2000; Corley, 2002; Tschudin & Schmitz, 2003) and were able to turn to ethics committees for advice (Leino-Kilpi, Suominen, Makela, McDaniel & Puukka, 2002). However, McDaniel's study (1998) stated that nurses reported that the some authorities did not include them in ethical discussions regarding patient care on the work unit.

2.2.3 Emotional coping strategies

Emotional coping strategies are directed at regulating emotional response when people face the problem, while the cognitive processes is directed at lessening emotional distress (Lazarus & Folkman, 1984). Emotional coping strategies include avoidance, minimization, distancing, selective attention, positive comparisons, and wresting positive value from negative events. With the ever-expanding ethical demands of modern technology, health care providers including nurses and nursing students will need to cope with increasingly complicated ethical dilemmas (Musgrave, Margalith, & Goldschmidt, 2001; Matzo & Schwardz, 2001).

Wilkinson (1988) found that one of the most common coping behaviors used by distressed nurses was avoidance of patients or situations that involve ethical conflict. Most nurses who used this method of coping eventually changed job or left nursing (Smith, 1996; Wilkinson, 1988) and cope with dilemma by ignoring the moral dimension of their decisions (Hooft, 1990). As students might benefit by learning to cope with ambiguity, accepting that others share similar uncertainties, rejecting options, which are not appropriate for patient and themselves (Kelly, 1993; Matzo & Schwardz, 2001). Gastman's study (2002) found that emotional nurses should be cultivated, because they play a double role in the process of ethics deliberation. Emotions have an important role to play in the detection of ethical problems in nursing and emotions have an expressive function.

In conclusion, emotional coping is a process that nurses and nursing students use to manage ethical dilemma that they encounter, perceive and interpret as difficulties solutions.

From review the strategies of resolutions of ethical dilemmas, increasing responsibility and accountability of nursing students demands that they to be aware of ethical dilemmas surrounding them. Through intimate patient care, nursing students have to confront ethical dilemmas that require them to participate and act with justice and wisdom.

3. Ethics teaching in nursing education

There are a variety of opinions regarding teaching ethics in nursing education regarding preparing students to be moral agents from the variety of ethical questions in clinical practice (Cassells & Redman, 1989). Contemporary approaches to ethics teaching include the integration of the goal of teaching, ethics content, the methods of teaching and output/outcome in nursing program are needed to achieve the professional roles among nursing students.

3.1 Goal of teaching

The primarily goal of ethics teaching is to produce a morally informed, knowledgeable, sensitive, and accountable nurse who has the ability for analyzing to make more informed ethical decisions in practice (Fry, 1994; Fry & Johnstone, 2002).

Moreover, the intermediate goals of teaching are (1) to examine personal commitments and values, (2) to engage in ethical reflection, (3) to develop skill in moral reasoning and judgment, and (4) to use ethics for reflection on the moral foundation of practice (Shake-Katefian, Phancharoenworakul, & Yunibhand, 2001). Ethics teaching builds on clarity of the professional role based on understanding of ethics as a personal process, pedagogy seeks to produce students to become moral agents to deal with situation incompetent, illegal, and unethical practice (Aroskar, 1993; Bartels, 1997; Cassell & Redman, 1989). Therefore, increasingly conceptual of ethics, nursing students will be able to deal with hard moral choice.

3.2 Ethics content

Ethics content is the domain of ethics teaching to identify clearly and arrange the sequences to create learning experiences. Based on ethical concepts, Fry (1994) described the course content as follows: (1) historical foundation that consists of code of ethics and physician vs. nursing ethics, (2) value dimensions of nursing that consist of moral and nonmoral value, value formation and value conflict, advocacy, accountability, cooperation, and caring, (3) ethical decision making that consists of principles and rules of ethics, care ethics, and virtue ethics.

Based on values as a philosophical base for nursing care, bachelor's degree nursing should be given learning opportunities the content of ethics for seven values including altruism, esthetics, human dignity, justice, freedom, equality, and truth (Aroskar, 1993). To achieve the goal of ethics teaching, the ethics content should be

integrated into the curriculum to create nursing students to be functioning under principled levels of moral reasoning (Cassells & Redman, 1989).

3.3 The methods of teaching

The methods of teaching have been improved by using strategies such as clinical conference, the case study presentation, and ethics rounds (Fry 1994). The clinical conference is ethics teaching strategy that involves a presentation on an ethical dilemmas in nursing practice. The case study presentation emphasizes the students to analyze the nature of the ethical problem in this situation and distinguish the moral values. Ethics rounds focus on open discussion among students with an interdisciplinary team (Fry & Johnstone, 2002; Riesch, Sadovszky, Norton, & Pridhan, 2000).

Cassell and Redmans (1989) described that frequent and regular opportunity for group discussion specific to ethical dilemmas using the theory base, and opportunity for the role taking and practice in using ethical decision making model for dealing with ethical dilemmas would enrich autonomous thinking and student-initiated change. Cameron, Schaffer, and Park (2001) described a philosophy course in ethical theory, in which nursing students attend a four-hours nursing ethics seminar. Other teaching strategies such as case study, values clarification, ethics inquiry, and clinical conference have been proved the effectiveness and superiority of the new teaching strategies (Shake-Katefian, Phancharoenworakul, & Yunibahand, 2001).

3.4 Output/outcome

Previous studies found that ethics teaching in education has an impact on ethical/moral reasoning and decision-making. Gaul (1987) investigated the relationship between knowledge of ethically correct action (ethical choice) and choosing the ethically correct actions (ethical actions) in students who had completed a course in nursing ethics and those who had not. The finding showed that the students who had completed an ethics course tended to confidence in actions.

Yung (1995), who conducted study of ethical decision-making and the perception of the ward as a learning environment, examined the relationship between ethical decision-making and perception of learning climate of the nursing students from the hospital-based certificate and degree educational programs in Hong Kong. Riesch Sadovszky, Norton, and Pridhan (2000) stated that educational experiences that allow nursing students to develop skill at analyzing the issues, parties, consequences, and obligation of the professional to improve performance in a moral dilemma.

In summary, ethics teaching in education is an important component for nursing students to create their ability for resolving ethical dilemmas in daily practice to meet the more sophisticated demands of today's patient care.